Gender perspectives in malaria management



In Ghana, the role of the woman as 'carer' is expanding to also encompass responsibilities of 'provider'

"The women pay more. The women are always with the children, so if the child is ill she goes in for drugs."

Younger men's focus group discussion, Keri

Gender roles and relations within the household are of crucial importance to the management of childhood malaria. Women's access to resources and their bargaining power within the household have a significant influence on their treatment-seeking behaviour for children with malaria. Recent malaria strategies have focused on the treatment of malaria, requiring parents and primary care-givers to take action. How and if parents seek treatment are therefore of vital interest, and gender has remained unexplored within this context.

In 2000, the Malaria Knowledge Programme supported district-level government workers in the Volta Region of Ghana to conduct a situational analysis using qualitative and participatory research methods to explore gender perspectives. The recommendations emerging from the research are presented below, followed by the key findings. This work contributes to a growing body of knowledge on the importance of including gender analysis in malaria management.

Recommendations

Gender in malaria management

- Approach malaria management from a gender perspective.
- Address socio-cultural and behavioural factors that influence women's and men's approach to treating malaria when planning interventions.
- When evaluating health financing strategies, take into account women's and men's ability to access resources to pay for healthcare and the impact of doing so on individual and household livelihoods.
- Improve women's access to income to strengthen their bargaining position within the household and the workplace to address the unfair distribution of responsibilities.
- Increase and develop new skills of health planners to carry out gender analysis.
- Build partnerships between the health sector and other governmental and non-governmental institutions concerned with social and economic development.

Key findings

The Volta Region study explored the influence of gender on how parents and care-givers seek treatment for children with malaria. It found that behaviour around responses to malaria in children is influenced at the household level by the social and economic power of women and men at different levels of seniority. Women who lacked short-term or long-term economic support from relatives, or who disagreed with their husbands or family elders, faced difficulties in accessing appropriate treatment for children with malaria.

In Ghana, women are the principal carers of children. They are more likely to receive health education and be best placed to assess the severity of illness and treatment implications. Whether or not a woman takes her child who is ill

"At times ... the situation demands for money and they (mothers-in-law) will tell you there is no money, or the money for the hospital can be used for something else, hence the choice of herbal treatment." Women's focus group discussion, Keri





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Contact: Dr Rachel Tolhurst Tel: +44 (0)151 705 3251 Email: r.j.tolhurst@liv.ac.uk with malaria for formal treatment is related to her socio-economic power and her position of influence within the household.

The majority of people in the study used herbal or traditional treatment or drugs bought from local sellers (rarely in correct dosages) as a first step in treating fever in children. Reasons given for not using formal facilities included: nonavailability of services, lack of cash for transport to facilities and for treatment, long waiting times, negative attitudes of providers, and the perceived efficacy of herbal and home treatment.

Changing socio-economic power of women

Women's roles in Ghana are changing as they are earning more of their own money from separate economic activities. All communities agreed it was the father's responsibility to pay for children's healthcare but in reality it was often the mother who took full or partial responsibility for payment.

Women are taking on more responsibilities as providers, which has traditionally been the men's domain. Men's roles, however, are not changing to cover areas traditionally occupied by women such as caring for children and ill people.

Women's access to independent sources of income is an enabling factor to allow them to seek treatment they want for their children. However, any efforts to improve their access to income needs to address the unequal allocations of community and household resources and responsibilities.

Further research is needed to explore how women's responsibility for children's healthcare and healthcare payments threaten medium- and long-term strategic interests related to women's social and economic independence.

Women's position of influence in the household

The study found that decisions in the household to do with treatment for malaria illness in children went beyond the ability or intention to pay and showed that fathers and household elders play a role in deciding whether a child should or should not be taken to a formal facility.

Conflict within households about where and when treatment should be sought for the child and who should pay can mean that formal treatment might be delayed or not sought at all.

Men and household elders should be explicitly targeted in malaria education strategies. However, caution should be taken to ensure that this does not reinforce men's decision-making power within the household as this could ultimately have a negative impact on the health and well-being of women and children.

Improving women's access to income should strengthen their bargaining position in the household to influence the treatment of malaria in children. However, if attention is not paid to addressing the unfair distribution of responsibilities, this may simply increase women's workload, with knock-on effects on their well-being and their children's health.

Further research is needed to understand the perceptions of different groups of women and of the factors that facilitate them to 'dare to disagree' with a husband or other family members.